

To be used for changes to registrations and terminations.

1999

583
Lobbyist's Registration Number

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 5401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 11/13/99

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✓ 100790815A
rect. 436377
\$1000 VLT

1. NAME McMANUS Stephen MI
Last First MI
2. BUSINESS PHONE (404) 586-9317
3. BUSINESS ADDRESS 285 Peachtree Center Ave. Suite 710 Atlanta GA 30303
Street and No. City State Zip
4. EMPLOYER State Farm Insurance Companies
5. EMPLOYER'S ADDRESS 285 Peachtree Center Ave. Suite 710 Atlanta GA 30303
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No
- ✓ 100790816
net. 43637
\$1000 KS

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name State Farm Insurance Companies
Address 285 Peachtree Center Ave. Suite 770 Atlanta, GA 30303
Business or purpose Insurance

 **New Representation**

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 12/31/98

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Georgia

County Henry

Before me, the undersigned authority, personally came and appeared Stephen McManus, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Stephen McManus
Signature of Lobbyist

Sworn to and subscribed before me on this 1st day of December, 1998.

Julia M. Ratchett
Notary Public



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
8401 UNITED PLAZA BOULEVARD
SUITE 200
BATON ROUGE, LA 70809-7017
(225) 877-1400
FAX: (225) 822-1414

January 29, 1999

Stephen Mcmanus
285 Peachtree Center Avenue
Suite 770
Atlanta, Ga 30303

Dear Lobbyist:

The Louisiana Board of Ethics has received and accepted for filing your supplemental form(s) and payment in connection with your termination as a lobbyist.

I have enclosed a receipt for your records.

Sincerely,

LOUISIANA BOARD OF ETHICS

Kathy Dedon
Kathy Dedon
Enclosure

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Receipt

Date 1/20/99

No. 436377

RECEIVED FROM State Farm Mutual
Sen and

\$ 10.00

DOLLARS

FOR 1999 Supplemental registration

FROM

TO 553

ACCOUNT	
PAYMENT	<u>10 -</u>
BALANCE DUE	

- ☐ cash
☒ check
☐ money order

100 790815 A

BY L. Dodon

TC1183

COMPANY LOGOS APPEAR ON BACK, USE AT 45° ANGLE FOR VIEWING



STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

HOME OFFICE
General Account

BLOOMINGTON, IL 61710

1 00 790815 A

70104711

JANUARY 13, 1999

Pay To The
Order of

BOARD OF ETHICS

\$ 10.00

TEN AND NO/100 DOLLARS

Edward E. Dodon

CHAIRMAN

Roger Joslin

TREASURER

For CONNORCE BANK
BLOOMINGTON, IL

VOID IF GREEN COLORED BACKGROUND IS MISSING

GREEN COMPANY LOGO APPEARS ON FACE OF DOCUMENT

10011790815 071101048 720170054